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UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Lesotho
Support for a comprehensive population programme

Proposed UNFPA assistance:	$3.5 million, of which $2.5 million would be programmed from UNFPA regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.
Estimated value of the Government's contribution:	To be determined
Duration:	Five years
Estimated starting date:	January 1992
Executing agencies:	Government of Lesotho United Nations and United Nations agencies and organizations National and international non-governmental organizations (NGOs)
Government coordinating agency:	Ministry of Planning, Economic and Manpower Development

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LESOTHO

Demographic facts

Population Total (000)	
Total	1,774
Males	853
Females	921
Sex ratio (/100 females)	92.6
Urban	359
Rural	1,414
Per cent urban	20.3
Population in year 2000 (000)	2,370
Functional age groups (%)	
Young child: 0-4	17.1
Child: 5-14	26.0
Youth: 15-24	18.3
Elderly: 60+	5.7
65+	3.7
Women: 15-49	23.5
Median age (years)	18.5
Dependency ratios: total	88.1
(/100) Aged 0-14	81.2
Aged 65+	6.9
Agricultural population density (/hectare of arable land)	4.24
Population density (/sq. km.)	58
Average annual change (000)	
Population increase	56
Births	77
Deaths	21
Net migration	0
Annual population total (% growth)	2.92
Urban	6.33
Rural	1.95
Crude birth rate (/1000)	40.2
Crude death rate (/1000)	11.0
Net migration rate (/1000)	0.0
Total fertility rate (/woman)	5.79
Gross reproduction rate (/woman)	2.85
Net reproduction rate (/woman)	2.43
Infant mortality rate (/1000)	89
Life expectancy at birth (years)	
Males	54.0
Females	63.0
Both sexes	58.5
GNP per capita (U.S. dollars, 1989)	470

Sources: Population density on arable land is derived from two publications issued by the Food and Agriculture Organization of the United Nations: FAO Production Yearbook 1985 and World-wide Estimates and Projections of Agricultural and Non-Agricultural Population Segments 1950-2025, ESS/MIS/86/2; gross national product per capita: World Bank, World Development Report 1991. Figures for population, total population by sex, population by age group, age indicators, urban-rural population, and population density (/sq. km.) refer to the year 1990; figures for average annual change, rate of annual change, and fertility and mortality are the five-year averages for 1990-1995. These data are from the Population Division, Department of International Economic and Social Affairs of the United Nations, World population prospects: 1990.

I. SUMMARY

1. The United Nations Population Fund (UNFPA) proposes to support a comprehensive population programme in the amount of $3.5 million, of which $2.5 million would be programmed from UNFPA's regular resources, over a five-year period, starting January 1992, to assist the Government of Lesotho in achieving its population and development objectives. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available.

2. The proposed second comprehensive UNFPA population programme of assistance to Lesotho is based on: (a) the draft of the Government's Fifth Five-year Development Plan (1992-1996); (b) the recommendations of the Programme Review and Strategy Development (PRSD) mission that reviewed national population initiatives and recommended a National Population Strategy with which the Government could address the major population needs of the country and can coordinate the inputs of all donors active in the country, as well as lessons learned from UNFPA-supported projects to date; (c) a review of population activities of major multilateral and bilateral donors; and (d) recommendations of the 1990 Population Awareness Workshop for Policy Makers and Planners. The proposed programme is designed to coincide with the 1989-1995 second Population, Health and Nutrition Project of the World Bank and the programming cycles of the United Nations Development Programme (UNDP) and the United Nations Children's Fund (UNICEF).

3. The broad objectives of the country programme are to: (a) reduce the rate of population growth; (b) improve the quality of family life; (c) enable parents to determine the timing, spacing and number of their children by providing them with access to information and safe contraceptive methods; (d) expand and improve the quality and continuity of contraceptive supply; and (e) improve the status of women and their participation in national development. These broad objectives are designed to complement and supplement the Government's efforts to attain its stated goals of decreasing the infant mortality rate to 70 per 1,000 by the year 2000, decreasing the child mortality rate from 40 per 1,000 to 20 per 1,000 by the year 2000 and increasing the contraceptive prevalence rate from an estimated 10 per cent to 25 per cent by the year 2000.

4. All projects under the proposed programme, as in all UNFPA-assisted programmes, would be undertaken in accordance with the principles and objectives of the World Population Plan of Action; that is, that population policies should be consistent with internationally and nationally recognized human rights of individual freedom, justice and the survival of national, regional and minority groups (para. 14 (d)); that respect for human life is basic to all human societies (para 14 (e)); and that all couples and individuals have the basic right to decide freely and responsibly the number and spacing of their children and to have the information, education and means to do so (para 14 (f)).

II. BACKGROUND

5. Demographic trends. With a land area of 30,350 square kilometres, Lesotho is a small mountainous kingdom, completely surrounded by the Republic of South Africa. The population was estimated at 1.8 million in 1991, up from 1.5 million in 1980 and is projected to increase to 2.3 million by the year 2000 and to 5.97 million by the year 2050. According to government figures,* the annual rate of growth is estimated at 2.7 per

*United Nations estimates can be found in the demographic data sheet on p. 2.

cent a year (1990-1995), up from 2.6 per cent a year (1976-1986). The sex ratio is 96 males for every 100 females. The total fertility rate is 5.4 and seems to have remained relatively constant in the last two decades. Life expectancy at birth is estimated at 58.5 years. The United Nations estimates infant mortality at 89 per 1,000 live births (1990-1995) while estimates from the 1986 census indicate infant mortality at 84.4 per 1,000 live births, down from 103 per 1,000 in 1976. With an estimated 41 per cent of the total population in the age group below age 15, and those aged 65 years and over accounting for only 4 per cent, Lesotho has a high dependency ratio of 81.2 dependents per 100 workers. About 84 per cent of the population lives in rural areas.

6. Social and economic factors. Lesotho's economic structure is basically agrarian, labour exporting and externally dependent. The past decade has been characterized by uneven economic growth and substantial deterioration in the balance of payments. Per capita gross national product (GNP) is estimated at $470 (1989), growing at an annual rate of 5 per cent (1965-1989). With unemployment currently estimated at 35-40 per cent of the labour force, an estimated 50 per cent of the country's GNP accrues from miners' remittances, sent from South Africa where about 50 per cent of the adult male labour force periodically works. Such emigration has serious implications for family structure as it leaves women as the de facto heads of households in almost two thirds of rural families. Because of South Africa's recent adoption of a labour policy of "internalization", about 40,000 Basotho male miners are expected to be progressively repatriated by 1992, placing further demands on an already overstretched economy and depriving it of substantial revenues as a result of lost remittances. Over 70 per cent of the population depends on low productivity subsistence agriculture, which accounts for a declining 20 per cent of gross domestic product (GDP). Increased urban migration has contributed to increased urbanization, which has begun to place pressure on urban social services.

7. Lesotho's economic future remains uncertain due to political and economic factors in South Africa. In an attempt to address these constraints the Government has adopted a three-year programme of structural adjustment (1989-1991), which includes policies to increase revenue and improve productivity. One effect of these measures has been an appreciable drop in attendance at government health facilities, particularly at the poor mountain facilities, according to a 1989 study.

8. High population growth and unplanned human settlement, overstocking and deforestation for fuel consumption are the prime causes of rampant soil erosion, and there is mounting evidence that industries in the Maseru area are contributing to water pollution. Population density has increased from 40 people per square kilometre in 1976 to 60 per square kilometre in 1991 and on arable land (9 per cent of total) from 315 per square kilometre in 1986 to about 748 people per square kilometre in 1991.

9. Lesotho's health service infrastructure (both Government and NGO) assures relatively good access to primary health care (PHC) services, particularly MCH/FP. The Government and the Private Health Association of Lesotho (PHAL) provide PHC services, including comprehensive MCH/FP, through the 18 general hospitals, 150 health centres and health posts and a few community-based distribution (CBD) outlets. While the Lesotho Planned Parenthood Association (LPPA) facilities provide extensive family planning services, with the exception of surgical sterilization and some laboratory work, church-run facilities provide MCH and natural family planning services. However, since neither these facilities nor private practitioners submit service data to the Ministry of Health on family planning activities, there is a gap in the overall assessment of family planning service delivery in the country. Basic equipment and commodities for the delivery of MCH/FP services are available at health facilities as well as at commercial pharmacies. Curricula developed for Lesotho's health training institutions include MCH/FP basic training for health care providers (registered nurse-midwives and nurse assistants). Over 5,000 village health workers and 1,200 traditional birth

attendants (TBAs) have received MCH/FP training enabling them to provide family health care and referrals in the community. Sixty-five per cent of the population is within an hour's walking distance of a health facility. The impact of these measures has been to help increase contraceptive prevalence from 2 per cent in 1976 to 17 per cent in 1990, boost prenatal coverage to 85 per cent and double supervised deliveries in health facilities from 30 per cent in 1981 to 60 per cent in 1990. In addition, the percentage of fully immunized children grew from 40 to 69 per cent between 1982 and 1990, while the same period saw an overall decline in infant mortality.

10. Despite these achievements, certain constraints remain. Health services are unevenly distributed: they are especially weak in the mountain areas, and 30 to 40 per cent of the population lacks convenient access to family planning services. There is relatively low utilization of family planning and post-natal care services, and an inadequate logistics management system results in repeated shortages of essential drugs and contraceptives at service delivery points.

11. In its statement at the World Population Conference in Mexico in 1984, the Government noted that the country's 2.3 per cent annual rate of population growth was too high and should be reduced to, at most, 2.0 per cent. This goal was reiterated in the Third Five-year Development Plan (1981-1985). Currently the growth rate is estimated at 2.7, and the Government no longer has a meaningful growth rate reduction target. However, the Government has recently re-committed itself to formulating and adopting a national population policy by March 1992 as part of its national development efforts and the recently adopted structural adjustment programme. The establishment of the Population and Manpower Division within the Ministry of Planning, Economic and Manpower Development further demonstrates the Government's commitment to this goal.

III. REVIEW OF UNFPA AND OTHER ASSISTANCE TO DATE

12. UNFPA assistance to Lesotho began in 1976 with the provision of support for the upgrading of health centres and clinics to provide comprehensive MCH/FP services to reduce morbidity and mortality in mothers and children. Thereafter, UNFPA funds supported the following activities: (a) the Lesotho Fertility Survey (1977) and the Migration and Manpower Survey (1978/79); (b) "Reporting and Registration of Births and Deaths" (1976-1979); (c) a study on MCH/FP services (1980); (d) strengthening the national MCH/FP programme (1984-1988); (e) a study of legislation, common law and customary law and their impact on population; (f) demographic training at the National University of Lesotho; and (g) the 1986 Population and Housing Census. Assistance extended was on a project-by-project basis and amounted to $2.3 million through 1987.

13. Following a basic needs assessment mission in 1984 the Governing Council approved the first UNFPA country programme for Lesotho in June 1988 in the amount of $2.4 million for a period of four years (1988-1991). Up to December 1991, $1.3 million had been spent. The first country programme sought to promote the formulation of an explicit national population policy and to integrate population factors into national development planning. It emphasized improved quality of and accessibility to MCH/FP information, counselling and services, and formal and informal population family life education and IEC, strengthening national capabilities in demography and demographic analysis, and enhancing the participation of women and youth in population and development activities. Socio-cultural sensitivities about IEC activities, lack of infrastructure at the Women's Bureau and the delayed start of the programme all contributed to the low implementation rate.

Maternal and child health and family planning

14. During the first country programme, UNFPA assistance to the MCH/FP programme included technical assistance; training of senior personnel in MCH/FP management; training of nurse-midwives as trainers in family planning, of nurse-midwives and nurse assistants in family planning service delivery, and of village health workers in family planning motivation; the production of training materials; renovation of the MCH/FP clinic in Maseru for use as a clinical training centre; supplying contraceptives; setting up a workshop for breastfeeding counsellors; and providing support for a demographic and health survey. UNFPA support since 1973 has helped the country reach the current contraceptive prevalence rate of 17 per cent.

15. MCH/FP services are constrained by the lack of adequate human resources needed to deliver services at the central and local levels. If the Government's contraceptive prevalence rate target of 25 per cent is to be achieved in the near future, more village health workers and TBAs need to be trained and community-based distribution of contraceptives needs to be established. Contraceptive distribution and anticipation of problems at health service areas and health centre levels need to be addressed urgently since clinic-level orders and client-level demand are currently outrunning supply. With the withdrawal of the United States Agency for International Development (USAID) as a major supplier of contraceptives in 1992, other sources must be identified. In addition, the MCH/FP sector must address the rising incidence of sexually transmitted diseases and AIDS in women. Promotion of Safe Motherhood Initiatives should greatly enhance the health status of women in Lesotho.

Information, education and communication

16. During the previous country programme, a population IEC initiative to provide rural communities with personnel trained to inform, educate and communicate on population and family life matters was launched in order to enhance understanding of the relationship between population and family well-being. Executed by the Food and Agriculture Organization (FAO) and implemented by the Ministry of Agriculture, it undertook an audience analysis of 10 pilot study villages and published the results. A technical task force on training was formed but later disbanded. Although planned for, population IEC content has not yet been incorporated into training, including the pre-service and in-service training of extension and development workers of the Ministry of Agriculture. Project personnel, however, participated in the activities of the Ministry of Health's IEC Technical Task Force in Family Planning. This activity has encountered problems and will be evaluated shortly to assess impact and/or viability for continued UNFPA support.

17. Hitherto, population IEC initiatives have been in support of MCH/FP activities and have been carried out by the Government and NGOs with USAID support through the Lesotho Family Health Services Programme. Such interventions are usually aimed at adults in the rural population, particularly farmers. One consequence is that out-of-school youth are not reached. Knowledge about population issues tends to be rather limited and equated with the family planning activities of the LPPA and the Ministry of Health. Radio is the most promising medium for IEC purposes, reaching about 84 per cent of the population with broadcasts 24 hours a day, although reception in the mountains is poor. IEC activities also produce materials for local newspapers, in addition to making widespread use of folk songs, traditional dancing and theatre. Institutions with the capacity to produce IEC materials include the Health Education Division of the Ministry of Health and the Lesotho Distance Teaching Centre (LDTC) of the Ministry of Education. The Ministry of Information and Broadcasting, working with the Instructional Materials Resource Centre of the Ministry of Education, provides valuable media production services on request. A few NGOs also produce their own materials, and commercial companies, though expensive, are also available.

Data collection and analysis

18. UNFPA assisted the Bureau of Statistics with the 1986 Population and Housing Census, which was backstopped by United Nations Department of Technical Cooperation for Development. Preliminary data are now available for use by planners although in-depth analysis of the census data for the detailed demographic and socio-economic information required for national planning was delayed considerably. UNFPA provided support for training, equipment, local costs for enumeration staff and printing. Supplementary funding from the European Community and UNFPA was approved for the analysis and dissemination of census results. These activities were scheduled to be completed by March 1992. The Intercensal Demographic Survey has been deferred pending the completion of the analysis of 1986 data.

19. The PRSD mission report identified the institutional arrangements for data collection and the type and status of data collected as major problem areas that need to be addressed. Lesotho's Statistics Act does not mandate the Bureau of Statistics to coordinate the data collection systems and activities in other government units. However, the Bureau has been performing that role informally and without legal backing. The institutional linkages between the Bureau and other data collectors such as the Ministry of Manpower and Employment (employment statistics) and the Ministry of Interior (vital statistics) are highly informal and poorly coordinated largely because of the lack of analytical skills on the part of existing staff. Although the Bureau is well equipped, it has only four programmers/systems analysts, and many professional staff do not have computer skills. The workload is intolerably high, the result of too many surveys being undertaken, which in turn, generate more data than the Bureau can handle or analyse. In addition, various agencies have adopted different data collection procedures without due regard for standardization. The vital registration system, highly successful in the 1970s, has virtually collapsed.

Population policy formulation

20. In 1987, the Government, with UNFPA assistance, established a Population and Manpower Division within the Ministry of Planning, Economic and Manpower Development to conduct and coordinate population research, create awareness of the implications of population for the attainment of social and economic well-being and to help formulate a comprehensive population policy. Following the 1990 population awareness workshop for policy makers and planners, a draft "population policy" was produced. The Government has recently committed itself to finalizing the National Population Policy by March 1992. An Interministerial Technical Committee on population was established in September 1991. Proposals for the draft population strategy for the Fifth Five-year Development Plan (1991-1996) are being refined in line with recommendations of the PRSD mission for adoption by mid-1992.

21. The Population and Manpower Division did not become operational until July 1991 following the arrival of the project adviser. Like other departments of the Planning Ministry, it is critically understaffed due to high staff turnover. Most UNFPA-funded projects have been coordinated by other departments in the Ministry of Planning. In order to spearhead and coordinate all activities in this sector, the Population and Manpower Division needs to be strengthened with adequate staffing being the first priority.

Population dynamics

22. Two-phase UNFPA support was provided for demographic training and research at the National University of Lesotho between 1984 and 1991. Over 100 students in the Faculty of Social Sciences have graduated after taking one or more of the four optional courses in demography. The first students majoring

in demography are to graduate during the 1991-1992 academic year. Planned activities executed as scheduled included policy-level awareness creation seminars, middle-level workshops for staff of the Bureau of Statistics in demography, and a two-year certificate programme at the National University for Bureau of Statistics staff. The programme is collaborating with nursing schools and teacher training colleges to promote population studies in their curricula as well as undertaking demographic research on behalf of the Government.

23. Although plans have been made to institutionalize the teaching of demography and related courses at the National University of Lesotho when the current UNFPA project ends in mid-1992, the PRSD report indicates that the demographic training at the University should be extended since its output will effectively complement ongoing and proposed population-related strategies. As a first step, the programme should be fully assimilated by the University.

Women, population and development

24. The Bureau (later Department) of Youth and Women's Affairs was established in 1979 to promote the status and role of women and youth in Lesotho. UNFPA support was confined to a three-month orientation of one staff member and a review of existing women and youth structures with plans for the introduction of population and family life education programmes at a later date. Recent reports suggest that the Department failed to meet the objectives set out in the Fourth Five-year Development Plan (1985-1991) due to critical staff shortages and weak central management. The PRSD mission findings indicate that the Department has not performed as well as it should in formulating comprehensive and coherent women's policies as well as in implementing various activities for the advancement of women. The PRSD mission suggests that there is a need to strengthen existing structures with the expectation of attracting more government and donor assistance in support of its own plans and those of NGOs for promoting income-generating activities and women's welfare.

Other external assistance

25. Lesotho has been designated by the United Nations as a least developed country with high priority for development assistance. In the population sector, major donors are the World Bank, USAID, UNFPA, IPPF and the Swedish International Development Agency. UNICEF, WHO and the European Community also provide valuable assistance. The World Bank has granted loans to Lesotho for medical training in laboratory techniques and laparotomy for health service providers, construction of health facilities, strengthening of the logistics system, population awareness creation and the health and nutrition household survey of 1988/89. USAID has granted $1.2 million in the period 1987-1991 for strengthening the primary health care capacities of the LPPA and the Lesotho Catholic Secretariat in family planning and IEC programmes, training in family planning management, improved management information systems, and contraceptive supply (other than Depo-Provera) which will continue until August 1992 when other donor support must be found. UNICEF assisted the Government in promoting the expanded programme for immunization and MCH programmes, construction of village health posts and training of TBAs and village health workers. IPPF supports its local affiliate, the LPPA, with an annual grant of $400,000 for contraceptives, training programmes for the delivery of family planning services, family planning and family life education and research for family planning. The Centre for African Family Studies provided technical assistance in family planning training and family life education.

IV. PROPOSED PROGRAMME 1992-1996

26. In keeping with PRSD-identified priorities within sectors, the following strategies are proposed: (a) strengthening the institutional base of the Population and Manpower Division for population policy development and coordination of population programmes; (b) formulation and adoption of an explicit comprehensive national population policy and integration of population factors into development planning; (c) review of possible demographic and family planning objectives and targets as part of the policy formulation process; (d) expansion and improvement of the coverage, utilization and quality of MCH/FP services through promotion and development of alternative channels for delivery of family planning services with emphasis on outreach approaches such as community, office and factory-based distribution mechanisms; (e) development and adoption of a population and family life education curriculum for the formal sector; (f) formulation of an explicit comprehensive and multisectoral population IEC strategy for the non-formal sector; (g) strengthening of the institutional capacity and focus of the Women's Bureau to administer and manage programmes for women and youth; and (h) enhancement of national capabilities in data collection and analysis, demography and demographic analysis.

Maternal and child health and family planning

27. Government commitment to the goal of health for all by the year 2000 has led to the relatively rapid expansion of health care personnel and infrastructure with the addition of between 4,000-5,000 village health workers. This has benefited the MCH/FP sector. UNFPA will assist the Government to expand and improve the quality of MCH/FP services nationally. In particular, it will seek to reach the 30 per cent of the population who are underserved in the 10 health service areas covered by the mainly church-based Private Health Association of Lesotho (PHAL) and in the mountainous areas whose health needs are covered by the Flying Doctor Service in response to emergencies. Support would be provided to increase family planning utilization, explore and establish alternative channels for delivery of family planning services and to establish an effective system of contraceptive supply.

28. UNFPA would support: (a) the expansion of community-based distribution of contraceptives, and the provision of an adequate supply of appropriately mixed contraceptives; (b) training to improve management capacity within the family planning programme, especially from the level of the health service area down to the health centres and clinics; (c) training physicians in contraceptive technology, nurse-midwives and nurse assistants in MCH/FP, and community health workers in family planning education, in addition to providing training for breastfeeding counsellors and parent education facilitators as well as refresher courses for community health workers in family planning; and (d) upgrading the technical skills of MCH/FP service providers as a way of improving the quality of the care they provide to women and children. To reduce the present, high discontinuation rate of family planning use and the low utilization of natal and post-natal care services, UNFPA would assist the Government in using the results of the demographic health survey (currently being undertaken) to design appropriate family life IEC activities. Support would also be extended to the Health Education Division of the Ministry of Health to enable it to implement and coordinate the family life IEC and parent education programme. UNFPA would provide a total of $1.8 million for this sector, of which $400,000 would be sought from other sources, including multi-bilateral sources.

Information, education and communication

29. UNFPA would support the development of a multisectoral national IEC strategy in keeping with the recommendations of the PRSD. The primary objective is to enhance national capacities for sustainable and

systematic IEC interventions in support of responsible parenthood, MCH/FP, AIDS prevention, and the improvement of women's status, targeted particularly at youth and men. In addition to strategy development, UNFPA would support: (a) strengthening the IEC technical task force to coordinate IEC efforts nationally; and (b) population IEC outreach programmes targeted at out-of-school youth and men in the workplace, drawing in part on improved and systematic radio programmes. UNFPA would collaborate with USAID and the World Bank in this sector. UNFPA would provide a total of $600,000, of which $200,000 would be sought from other sources, including multi-bilateral sources.

30. Population education in schools. The Government plans to strengthen the teaching of population education in the formal school system with the objective of educating future adults in population issues so that they can make responsible decisions about parenthood. UNFPA assistance would support a review of the existing population education content in the school curricula; research to determine population education needs, content and strategy to extend coverage to different school groups, commencing with youth (12 years onwards); formulation and development of a comprehensive population education curriculum; preparation of instructional materials for teachers; the orientation of school administrators and parents' associations; and the formulation of a phased programme to extend population education to all formal education programmes in the country.

Data collection and analysis

31. UNFPA would provide financial and technical assistance to carry out an intercensal demographic survey to update 1986 census data and to support preparatory activities for the anticipated 1996 census. UNFPA would also provide support for: (a) short-term consultancy services to assist the Bureau of Statistics and the Ministry of Employment to clear the huge backlog of unanalysed but relevant survey data, particularly that relating to gender issues; (b) the design and implementation of an integrated schedule of censuses and multi-purpose surveys to avoid overlap and/or the conducting of too many surveys that could easily be combined in a more coordinated manner; and (c) supplementing Swedish bilateral efforts to upgrade the technical skills of professional staff to collect and analyse data. In order to enhance the status and authority of the Bureau of Statistics to coordinate surveys, UNFPA would support efforts to establish a National Statistical Committee or Council and other relevant technical sub-committees. UNFPA would provide a total of $500,000 for this sector, of which $300,000 would be sought from other sources, including multi-bilateral sources.

Population policy formulation

32. UNFPA assistance to the Population and Manpower Division would continue during the proposed programme cycle as recommended by the PRSD. The proposed programme would provide: (a) further assistance to set up and make fully operational the relevant institutional linkages between all the agencies operating in the population and development sector; and (b) short-term consultants to help train relevant national professionals in the methodologies and techniques of integrating population factors into national development planning. To facilitate this, UNFPA would provide technical assistance to review and establish specific and realistic demographic and family planning targets as part of the policy formulation process. This should lead to the further development of a population strategy for Lesotho to be included in the Fifth Five-year Development Plan (1992-1996) and to the final formulation and adoption of a comprehensive and explicit population policy. The Fund would also assist in the design of sectoral population programmes for reaching goals enunciated in the policy, including systematic utilization of any available data on environmental issues. UNFPA would collaborate with UNDP and the World Bank in addressing issues related to population policy

formulation and implementation and to strengthening the national and sectoral institutional framework necessary for overseeing and coordinating the integration of population variables into national development plans. UNFPA would provide a total of $200,000 for this sector.

Population dynamics

33. UNFPA would continue to support efforts to sustain and upgrade the Demographic Unit at the National University of Lesotho in terms of its expertise, equipment and status. UNFPA support would include: (a) support for Ph.D. training in demography of a third counterpart; (b) acquisition of relevant equipment; (c) provision of short-term consultants for relevant in-country activities that the Government may wish to undertake; (d) fellowships for short-term courses or postgraduate studies in critical skills needed to further enhance the technical competence of the professional staff. UNFPA would provide a total of $200,000 for this sector, of which $100,000 would be sought from other sources, including multi-bilateral sources.

Women, population and development

34. In keeping with the strategy recommended by the PRSD, UNFPA would provide support to the Department of Youth and Women's Affairs to build necessary institutional and technical capacity through relevant local and international training. UNFPA would continue to support activities to raise the level of national awareness regarding gender issues and would work to ensure the availability of gender-specific data and research findings (through the Demographic Unit) to assist the Government in promoting and monitoring progress in efforts to advance the status of women. Activities aimed at improving the health status of women and increasing their access to MCH/FP would be supported through MCH/FP, Safe Motherhood initiatives and IEC activities. Assistance would be provided for seminars, training and research to strengthen selected NGOs playing an advocacy role in mobilizing women with regard to their role and status. UNFPA would collaborate with UNDP and UNICEF in this sector. UNFPA would provide a total of $100,000 for activities in the area of women, population and development.

Programme reserve

35. UNFPA would set aside a reserve of $100,000 to meet unforeseen needs that may arise during the programme period.

Programme coordination

36. The programme would provide for strengthening the capacity of the Population and Manpower Division within the Ministry of Planning, Economic and Manpower Development to coordinate the various population projects and to integrate population factors into the planning process in accordance with the strategic population framework outlined in the PRSD report. The UNFPA Representative would seek to strengthen ongoing and successful collaborative efforts between UNFPA, UNICEF, UNDP, USAID, the World Bank, the Swedish International Development Association, the British Overseas Development Administration, the European Community and the IPPF and would work to promote programme coordination among the different donor agencies to ensure optimum allocation of scarce resources.

Programme monitoring, evaluation and management

37. All projects developed under the country programme would follow standard UNFPA procedures to ensure effective implementation: progress reports, visits to project sites, and programme and project evaluations, reviews and monitoring meetings, as necessary. A mid-term review of the overall programme would be conducted in 1994. Independent evaluations would be integral components of all large or innovative projects. The UNFPA Representative, who is also the UNDP Resident Representative, would have the responsibility for the overall management of the programme. The UNFPA Country Director based in Botswana would provide technical and managerial assistance. Whatever the mode of execution, UNFPA would make full use of available and appropriate national and regional technical backstopping capacities, complemented by the country programme technical support teams that will become operational in 1992 as part of the UNFPA successor support cost arrangements approved by the Governing Council in decision 91/37.

Financial summary

38. As indicated in paragraph 1, UNFPA would provide assistance in the amount of $3.5 million over the five-year period 1992-1996, of which $2.5 million would be programmed from UNFPA's regular resources. UNFPA would seek to provide the balance of $1 million from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources become available. The breakdown by programme area is as follows:

	UNFPA regular resources $	Other resources $	Total $
Maternal and child health and family planning	1,400,000	400,000	1,800,000
Information, education and communication	400,000	200,000	600,000
Data collection and analysis	200,000	300,000	500,000
Population policy formulation	200,000	--	200,000
Population dynamics	100,000	100,000	200,000
Women, population and development	100,000	--	100,000
Programme reserve	100,000	--	100,000
Total	2,500,000	1,000,000	3,500,000

V. RECOMMENDATION

39. The Executive Director recommends that the Governing Council:

(a) Approve the programme for Lesotho in the amount of $3.5 million for the five-year period 1992-1996;

(b) Authorize the Executive Director to programme, subject to the availability of funds, an amount of $2.5 million from UNFPA's regular resources, over the period 1992-1996;

(c) Further authorize the Executive Director to provide the balance of $1 million of the approved programme from a combination of UNFPA regular resources and other resources, including multi-bilateral resources, when and to the extent such additional resources from any of the above sources become available.

(d) Authorize the Executive Director to allocate the funds and make appropriate arrangements with the Government of Lesotho and with the executing agencies.